

PRINT ORDER

GPO Form 2787 (R 10-95)

You are hereby authorized to manufacture and distribute the following described product in accordance with the purchase order and specifications indicated.
P.50095-0

PROGRAM	PRINT ORDER	JACKET	OBJECT CLASS	ESTIMATED COST	DATE
DEPARTMENT	REQUISITION	BAC	TITLE		FORM
CONTRACTOR			PURCHASE ORDER	AREA STATE CODE	CONTRACTOR'S CODE
QUANTITY (SETS plus/minus per contract)		DETACHED <input type="checkbox"/> 8 x 5 1/4" CATEGORY 1 <input type="checkbox"/> 8 1/2 x 5 1/2"	<input type="checkbox"/> 8 x 10 1/2" CATEGORY 2 <input type="checkbox"/> 8 1/2 x 11"	BIND* <input type="checkbox"/> With Stub <input type="checkbox"/> Without Stub	

PART	PAPER			COPY DESIGNATION <input type="checkbox"/> base ink color <input type="checkbox"/> red ink	PRINT HEAD TO	TYPE OF CHANGE		BASE INK COLOR Pantone Number		BIND*
	Color	Kind	Substance			Face	Back	Face	Back	
1										
2										
3										
4										
5										
6										
7										
8										
9										

☐ Black imaging chemical transfer is required. *R = Right-hand edge. L = Left-hand edge. T = Top edge (head of form). B = Bottom edge (foot of form).

FURNISHED MATERIAL <input type="checkbox"/> Sample <input type="checkbox"/> Dummy			
Face-	<input type="checkbox"/> Negatives	<input type="checkbox"/> Camera/Reprint Copy	<input type="checkbox"/> Manuscript/Reprint
Back-	<input type="checkbox"/> Negatives	<input type="checkbox"/> Camera/Reprint Copy	<input type="checkbox"/> Manuscript/Reprint

PUNCH OR DRILL

No. Holes	Diameter (inches)	Inches C. to C.	Location--To center of hole

MARGINS (inches)		Head	Foot	Left	Right
<input type="checkbox"/> Follow Sample/Copy	Face				
	Back				

NUMBER☐ No missing numbers ☐ Skips allowed; list missing numbers ☐ No crash numbers**UNIT PACKING**☒ Shrink film pack ☒ in units of _____ sets**BULK PACKING**☐ Suitable ☐ NTE _____ lbs. ☐ _____ sets
☐ Palletizing ☐ Packing List ☐ Special Labeling ☐ Bar Coding**CARBON PAPER AND REMOVAL**Carbon color ☐ black or ☐ blue
Full stub length " short at ☐ Top ☐ Bottom ☐ Left ☐ Right
To be filled in by Pencil ☐ Typewriter ☐ Ball point Pen

SCHEDULE Furnished material will be picked up at GPO, and this material will be available for pickup

PROOFS

Submit _____ sets of proofs on or before _____

Sets will be withheld no more than _____ workdays until made available for pickup at GPO. Return manuscript with proofs.

Send Proof and copy to--
U.S. Government Printing Office
PPSC Room C-811
Attn: Contract Compliance Section
Washington, DC 20401**DISTRIBUTION**

Unless indicated below, all sets will be shipped from the contractor's plant on or before the date specified.

☐ Deliver--Sets must be delivered on board the destination(s) specified on or before the date specified.

Distribute _____ sets on or before _____

Distribute complete order on or before _____

☐ One year warranty is required. ☐ Notification 24 hours prior to delivery is required. ☐ Must be full quantities to all consignments.
☐ Inside delivery is required. ☒ Distribution via traceable means is required. ☐ GBLs will be furnished.☐ See attached Distribution List for _____ addresses.

CONTRACTOR TO COMPLETE BOTTOM PORTION AND MAIL ENTIRE FORM TO: COMPTROLLER-FME, FINANCIAL MANAGEMENT SERVICE,
U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, DC 20401

Contractor Invoice No. _____ Date Prepared _____

Date of Delivery/Shipment _____ Discount Terms _____

ARTICLES OR SERVICES	QUANTITY	COST	UNIT PRICE PER	AMOUNT
IF ADDITIONAL SPACE IS REQUIRED, USE STD. FORM 1034, 1035 OR ATTACH YOUR INVOICE.	TOTAL			

I CERTIFY THAT THE MATERIALS, GOODS, OR SERVICES HAVE BEEN DELIVERED/SHIPPED ON THE DATE INDICATED ABOVE AND THAT
PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.

The penalty for making false statements to the Government is prescribed in 18 USC 1001

(Signature of person authorized to sign)